FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1				11						
		(See ins	structions)				Office	use only		_
1. NAME OF COMMITTEE (in	full)	(Check if na is changed)		nple: If typying, ty the lines	/pe	12FE4N	15			
MCCAIN-PALI	IN VICTORY	<sup>'</sup> 2008		1 1 1 1 1	шш	ш				
	<u> </u>	11111	1111	<u> </u>				1111		_
ADDRESS (number and	street)	228 S. Washing	on Street							╛
(Check if add	ress	Suite 115								
is changed)	L	Alexandria			Ц	VA	لبا	<b>22314</b>   _ [		
COMMITTEE'S E-MA	AL ADDRESS		CITY▲		5	STATE		ZIP CODE	<b>A</b>	
llisker@hdafe								1111	1 1 1	ı
									1 1 1	_ 
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)								~
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l										 
7036840683  2. DATE  M 2	M / D D	Y Y Y Y 8	]							
3. FEC IDENTIFICA	ATION NUMBE	≣R	C C00	453738						
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDED	(A)					
I certify that I have exam	nined this Statem	nent and to the best of	my knowledge an	d belief it is true, co	orrect and	complete				_
Type or Print Name of	Treasurer	Lisa R. Lisl	ker							_
Signature of Treasure	r Electronic	ally Filed by Lisa	R. Lisker		_ D	ate	<b>) 8</b> /	<b>29</b> / Y	2008	<b>3</b>
NOTE: Submission of fa		or incomplete informati						2 U.S.C. S437	7g.	_
Office Use Only				For further information Federal Election Control Free 800-424 Local 202-694-11	Commissio I-9530			EC FOR		_

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5.	TYPE OF CO	DMMITTEE (Check One) Committee:						
	(a)	This committee is a principal campaign committee. (Complete the candidate information l	below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee information below.)	(Complete the candidate					
	Name of Candidate							
	Candidate Party Affiliation	Office Sought: House Senate	State President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	ee.					
	Name of Candidate							
	Party Comm							
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	Political Act	ion Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundra	sising Representative:						
	(g) X	This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal can						
(h	(h)	This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate						
	Com	mittees Participating in Joint Fundraiser						
		REPUBLICAN NATIONAL COMMITTEE  1. FEC ID number	C00003418					
		2. MICHIGAN REPUBLICAN PARTY  FEC ID number	C C00041160					
		3. MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL FEC ID number	C00008664					
		4. OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE CO	MIEDEF62339					
		FEPUBLICAN FEDERAL COMMITTEE OF PENNEY& MANIMber C	C00044842					

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W	rite or Type Committee Name						
	MCCAIN-PALIN VICTOR	iY 2008					
6.	Name of Any Connected Org	ganization, Affiliated Committee, Leade	ership PAC Sponsor or Join	t Fundrais	sing Representative		
	NONE						
	Mailing Address						
				J L			
		CITY	STAT	EA	ZIP CODE		
	Relationship:			_			
	Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Join	t Fundraising Representative		
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
	Full Name Lisa R.	Lisker					
	Mailing Address	228 S. Washington Street					
		Suite 115					
		Alexandria		<u> </u>	22314		
	Title or Position ▼	CITY A	STAT	EΔ	ZIP CODE A		
	Treasurer		Telephone number	703	549 7705		
8.	name and address of any	and address (phone number optic designated agent (e.g., assistant tr		e comm	ittee; and the		
	Mailing Address	228 S. Washington S	Street				
	3	Suite 115					
		Alexandria		<u>\</u>	22314		
	Title or Position ♥	CITY A	STA	ГЕ▲	ZIP CODE A		
	Treasurer		Telephone number	703	_ 549 _ 7705		
			p				

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Full Name of Designated Agent	Keith A. Davis				
Mailing Address	228 S. Washington Str	eet			
	Suite 115				
	Alexandria		22314 –		
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A		
Assista	nt Treasurer	Telephone number 703	549 7705		
Banks or Other Deposito		which the committee deposits funds, h	olds accounts, rents		
Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds.	which the committee deposits funds, h	olds accounts, rents		
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Banks or Other Depositories safety deposit boxes or maintai		nittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc		[	ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE.∡	ZIP CODE ▲
		UIAILA	
Name of Any Connected Org	ganization, Affiliated Committee, Leadership PAC Spoi	nsor or Joint Fundraisin	[ ADDITIONAL ] g Representative
Mailing Address	1		
. <b>.</b>	1		
	1		
	CITY▲	STATE A	ZIP CODE ▲
Relationship: Connected Organization	Affiliated Committee Leadership PAC Spo		raising Representative
Connected Organization	Anniated Committee Leadership i Ac Spc	orisor contrana	
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
			_
Title or Position ▼	CITY A	STATE <b>&amp;</b>	ZIP CODE A
THE OFF COMOT!	5 <u>A</u>	OTATE.	211 0052 /5
	Teleph	none number	
Joint Fundraiser Participant			[ ADDITIONAL ]
MCCAIN-PALIN COM	PLIANCE FUND, INC.	FEC ID number C	000446104
		EC ID number	